All clinicians are urged to report cases of non-occupational PEP treatment to (877) 448-1737 or at www.hivpepregistry.org

Assess Source History:

- What are the known risks of the source?

If the source is known to be HIV positive:

- What is the present treatment of the source?
- What is the source's treatment and adherence history?
- Have there been any drug resistance tests performed?
- What is the source's current viral load?

PEP Consultation Service – 1-888-448-0440
This service provides:

- Indicators for prophylaxis.
- Treatment regimen recommendations specific to exposure and source history (if available).
- Clinical consultation regarding reactions, adherence and drug resistance.

Additional Considerations
Sexual Assault:

- Utilize sexual assault nurse examiners (SANE) whenever possible. SANE protocols available at 1-617-624-5452.
- Provide immediate rape crisis counseling and support linkages.

HIV Diagnosis and Acute Retroviral Syndrome:

- Alert patients receiving PEP about symptoms of acute HIV infection, including fever, rash, lymphadenopathy, night sweats, pharyngitis, arthralgias/myalgias and instruct to seek appropriate medical evaluation.
- Conduct viral load assessment and determine readiness for treatment in the event of confirmation of HIV infection.

Resources:

- AIDS Action Committee Hotline Service Referrals **1-800-235-2331**
- MDPH Partner Counseling and Referral Service **617-983-6940**
- MDPH HIV/AIDS Surveillance Program **617-983-6560**
- HIV/AIDS Treatment Information Service **1-800-448-0440**
- CDC PEP Consultation Service **1-888-448-4911**
- HIV Drug Assistance Program **1-800-228-2714**
- Perinatal HIV Provider Information Line **1-800-742-2211**
- **Needle Exchange Programs**
  - Boston: **800-383-2437**
  - Cambridge: **617-661-3040**
  - Provincetown: **866-668-6448**
  - Northampton: **800-696-7752**

References:
U.S. Public Health Service Task Force Recommendations for the Use of Antiretroviral Drugs in Pregnant Women Infected with HIV-1 for Maternal Health and for Reducing Perinatal HIV-1 Transmission in the United States: August 30, 2002.

Revised CDC Guidelines for HIV Counseling, Testing, and Referral; MMWR; November 9, 2001 / 50(RR19);1-58

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Clinician's Guide to HIV Counseling and Testing

June 2004

Clinician-based HIV counseling and testing is crucial to improving early diagnosis and treatment of HIV infection and to prevent transmission. Updated CDC guidelines recommend sexual and drug risk assessments as part of primary care, routine offer of HIV testing, screening for other STDs and viral hepatitis, and vaccination against hepatitis A and B for high risk clients.

HIV Testing Indications

- Signs or symptoms of HIV-related disease
- History of injection drug use
- Known exposure to HIV
- Pregnant or considering pregnancy
- History of anal intercourse
- History of sexually transmitted disease

HIV Testing Protocol

- Assess clinical and behavioral indicators for HIV infection, other STDs, and viral hepatitis.
- Assess the individual's readiness and willingness to consent to testing.
- Review and obtain written informed consent from patient or person authorized to provide consent.
- Provide patient with copy of informed consent.
- Review legal protection of HIV-related information.

- Make a follow-up appointment for test results.
- Describe testing options (venopuncture/oral mucosal
- Review risk reduction options and prevention interventions.
- Make appropriate referrals for support during waiting period.
- Provide clinical and/or prevention referrals.

Communication of HIV Test Result

For all results:

- Deliver result to patient in person, whenever possible.
- Be prepared to provide prevention referrals/ resources based on ongoing assessment.
- Explain limitations of a negative test: Infection after exposure to HIV in the past 6 weeks cannot be determined by the test.
- Discuss and develop risk reduction plan for sexual and drug use activities.

If positive:

- Refer to HIV specialty care or ID specialist.
- Refer to mental health services.
- Refer to MDPH Partner Counseling and Referral Services: (617) 983-6940.

If indeterminate:

- Rule out known causes of cross-reactive non-specific antibodies (autoimmune disease, lymphoma, liver disease, etc.)
- Arrange for follow-up testing and consider HIV viral load testing.
- Rule out infection with less common HIV strains. Consult MDPH Virology Laboratory at (617) 983-6394.

Pregnant Women or Women Considering Pregnancy

- All pregnant women or women considering pregnancy should be offered HIV testing.
- Vertical transmission can be prevented in most cases with appropriate medical care and treatment.

If negative:

- Emphasize importance of consistent prenatal care throughout pregnancy.
- Discuss and develop risk reduction plan for sexual and drug use activities.

If positive:

- Refer to perinatal HIV specialty care and support services.
- Emphasize importance of consistent prenatal care throughout pregnancy.
- Provide information about treatment that can reduce the risk of vertical transmission.
- Refer to MDPH Partner Counseling and Referral Services: (617) 983-6940.

All HIV testing in Massachusetts is voluntary.
The confidentiality of an HIV test result is protected under Massachusetts's law (M.G.L. c.111, s.70F).
Disclosure of result or performance of test requires an HIV-specific written consent form.

Post-Exposure Prophylaxis (PEP) Indications

High-risk exposures within 48 hours, including:

- Unprotected sexual exposure with known HIV positive partner
- Injection drug use needle exposure
- Sexual assault survivor

PEP Protocol

Assess Exposure:

- What body fluid was involved?
- How much fluid was involved?
- What was the contact?
- What was the degree of contact?

If it was a percutaneous injecting exposure:

- Was it a deep or superficial puncture?
- Was the device bloody?
- Was the device used in a vein or artery?

If it was a cutaneous or mucous membrane exposure:

- Was skin intact? Were mucous membranes exposed?

Other considerations:

- Is the person who was exposed pregnant or breastfeeding?
- How much time has elapsed since exposure? (PEP to be administered ideally within 48 hrs. not to exceed 72hrs.)
- Patient willingness to complete 28 day treatment regimen and follow-up care.